

Contractor Environmental, Health and Safety Evaluation Form

Instructions:

1. Complete this form if employees of your company will perform work at Newport News Shipbuilding.
2. If you have any questions, call George Bradby at 757-688-1645 or Ginger Buskee at 757-688-2249.
3. Mail this form (with supporting documentation) to: Contractor Health & Safety Program, Building 79-1, Newport News Shipbuilding, 4101 Washington Ave., Newport News, Virginia 23607-2770

Resource Manual Website: https://supplier.huntingtoningalls.com/sourcing/Contractor_Safety/index.html

Company Name:	
Address:	
City/State/Zip:	
Company Officer:	Title:
Phone Number:	SIC (Standard Industrial Classification Code):
Fax Number:	NAICS (North American Industry Classification System):
E-mail:	
Type of work at Newport News Shipbuilding:	
Newport News Shipbuilding Contact / Dept. / Phone	

A. Environmental, Health and Safety Contact

List the following information about the person who will oversee the EH&S aspects of your Newport News Shipbuilding operations. This person must be competent to recognize environmental, health and safety hazards and have the authority to take corrective action.

H&S Name:		Position:	
Phone:	Mobile:	E-mail:	
Env. Name:		Position:	
Phone:	Mobile:	E-mail:	

B. Injury Rates*

1. Submit copies of your OSHA 300A log summaries for the last three complete calendar years.
2. List the total number of management/employee hours worked for the last three complete calendar years:

Year	Hours Worked	Year	Hours Worked	Year	Hours Worked

*Provide the above information for your entire firm

C. Subcontractor Operations

1. Submit a list of all subcontractors you plan to use at Newport News Shipbuilding.
2. Copy this form for your subcontractors. Each subcontractor must complete and submit this form.

D. OSHA Citations or Environmental Notices of Violations (NOVs)

1. Has your company been issued a citation by OSHA in the last three years? Yes No
 - a. If "Yes" provide the citation date, written description of the citation, code reference and abatement action.
2. Has your company received any environmental NOVs in the past three years? Yes No
 - a. If "Yes" provide the date of the NOV, a written description of the NOV, explaining what happened, why it happened and what programs were established to prevent the occurrence from happening again.

E. Health and Safety Programs

Read carefully and answer the following statements about your health and safety programs. Not all programs or program elements apply to all operations. If the program or program element does not apply to your work at the shipyard, please check the N/A box and be prepared to discuss this selection. If a program does apply check "yes" and provide us a copy of your written program addressing the elements listed for the respective section. If "no" go to the next program number.

1. Abrasive Blasting	Yes	No	N/A
a. Does your operation include abrasive blasting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contractor Environmental, Health and Safety Evaluation Form

b. Do you have a written abrasive-blasting program to ensure compliance with 29 CFR 1915?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Exposure monitoring (grit, lead, surface coatings, arsenic, etc.?)	<input type="checkbox"/>		<input type="checkbox"/>
3) Surface paint sampling	<input type="checkbox"/>		<input type="checkbox"/>
4) Grit Identification (MSDS)	<input type="checkbox"/>		<input type="checkbox"/>
5) Ventilation requirements	<input type="checkbox"/>		<input type="checkbox"/>
6) Protective work clothing and equipment	<input type="checkbox"/>		<input type="checkbox"/>
7) Personal hygiene (procedures & facilities)	<input type="checkbox"/>		<input type="checkbox"/>
8) Respiratory protection	<input type="checkbox"/>		<input type="checkbox"/>
9) Clean-up and waste disposal	<input type="checkbox"/>		<input type="checkbox"/>
10) Inspection criteria for blasting equipment	<input type="checkbox"/>		<input type="checkbox"/>
11) Additional OSHA standards addressed (noise, lead, fall protection, arsenic, etc.)	<input type="checkbox"/>		<input type="checkbox"/>
2. Tributyltin (TBT) Antifouling Paint	Yes	No	N/A
a. Will your operation include occupational exposure to antifouling (TBT) paint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written program to ensure compliance with 29 CFR 1915, 40 CFR 63.780 et. seq., or 9 VAC 25-260-5 et seq. as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Pesticide licensing	<input type="checkbox"/>		<input type="checkbox"/>
3) Control procedures (work practices/equipment)	<input type="checkbox"/>		<input type="checkbox"/>
4) Paint receipt, storage, approval	<input type="checkbox"/>		<input type="checkbox"/>
5) Demarcation of regulated areas	<input type="checkbox"/>		<input type="checkbox"/>
6) Respiratory protection	<input type="checkbox"/>		<input type="checkbox"/>
7) Protective work clothing and equipment	<input type="checkbox"/>		<input type="checkbox"/>
8) Personal hygiene (procedures and facilities)	<input type="checkbox"/>		<input type="checkbox"/>
9) Paint cleanup and disposal	<input type="checkbox"/>		<input type="checkbox"/>
3. Arsenic	Yes	No	N/A
a. Does your operation include occupational exposure to arsenic (Abrasive blasting)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written arsenic program to ensure compliance with 29 CFR 1910.1018 or 1926.1118 as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Exposure monitoring (initial and periodic)	<input type="checkbox"/>		<input type="checkbox"/>
3) Medical surveillance	<input type="checkbox"/>		<input type="checkbox"/>
4) Work practices	<input type="checkbox"/>		<input type="checkbox"/>
5) Control procedures (work practices/equipment)	<input type="checkbox"/>		<input type="checkbox"/>
6) Respiratory protection	<input type="checkbox"/>		<input type="checkbox"/>
7) Protective work clothing and equipment	<input type="checkbox"/>		<input type="checkbox"/>
8) Personal hygiene (procedures & facilities)	<input type="checkbox"/>		<input type="checkbox"/>
9) Demarcation of regulated work areas	<input type="checkbox"/>		<input type="checkbox"/>
4. Asbestos	Yes	No	N/A
a. Does your operation include occupational exposure to asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you made your employees aware of the hazards of asbestos, and empowered them to stop work if they suspect an asbestos exposure is present? (Mandatory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you have a written asbestos program to ensure compliance with 29 CFR 1910.1001, 1915.1001, or 1926.1101 as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your written program needs to contain the following elements:			
1) Licensing & Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Exposure monitoring	<input type="checkbox"/>		<input type="checkbox"/>
3) Medical surveillance	<input type="checkbox"/>		<input type="checkbox"/>
4) Worker/supervisor/etc. accreditation &/or licensing	<input type="checkbox"/>		<input type="checkbox"/>
5) Job specific work plan	<input type="checkbox"/>		<input type="checkbox"/>
6) Control procedures (work practices/equipment)	<input type="checkbox"/>		<input type="checkbox"/>

Contractor Environmental, Health and Safety Evaluation Form

7) Demarcation of regulated areas	<input type="checkbox"/>		<input type="checkbox"/>
8) Respiratory protection	<input type="checkbox"/>		<input type="checkbox"/>
9) Protective work clothing and equipment	<input type="checkbox"/>		<input type="checkbox"/>
10) Personal hygiene (procedures & facilities)	<input type="checkbox"/>		<input type="checkbox"/>
11) Personnel notification (for work where other than contractor personnel are present)	<input type="checkbox"/>		<input type="checkbox"/>
12) Procedure for releasing (clearing) work area	<input type="checkbox"/>		<input type="checkbox"/>
e. Please provide job specific asbestos work plans for evaluation and approval prior to the commencement of asbestos operations. (Mandatory)			
f. Please provide a DOT Hazmat Security Plan (49 CFR Part 172.800) for evaluation and approval prior to shipping asbestos waste offsite. (Mandatory)			
5. Bloodborne Pathogens	Yes	No	N/A
a. Does your company have a written procedure detailing how injured employees will be provided first aid medical treatment? This program is mandatory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your procedure require outside or host medical services be contacted to provide first aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does your procedure require designated and trained company employees to provide first aid medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you have a written Bloodborne pathogen program to ensure compliance with 29 CFR 1910.1030?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Exposure controls	<input type="checkbox"/>		<input type="checkbox"/>
3) Methods of compliance (universal precautions, work practices, PPE, etc.)	<input type="checkbox"/>		<input type="checkbox"/>
4) Post-exposure evaluation & follow-up	<input type="checkbox"/>		<input type="checkbox"/>
5) Communication of hazards to employees (labels, etc.)	<input type="checkbox"/>		<input type="checkbox"/>
6) Recordkeeping (medical records – to include retention time)	<input type="checkbox"/>		<input type="checkbox"/>
6. Confined Spaces	Yes	No	N/A
a. Does your operation include entering confined & enclosed spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written confined space program to ensure compliance with 29 CFR 1915 Subpart B, 1910.146, or 1926.21 (b)(6)(i) as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program(s) needs to contain the following elements:			
1) Training of confined space entrants – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Training/Attendants (non-shipboard only) – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
3) Requirements for Competent Person or Certified Marine Chemist	<input type="checkbox"/>		<input type="checkbox"/>
4) Precautions before entering confined spaces	<input type="checkbox"/>		<input type="checkbox"/>
5) Entry permit (non-shipboard) – Include sample of permit.	<input type="checkbox"/>		<input type="checkbox"/>
6) Posting of entry signs at space (shipboard)	<input type="checkbox"/>		<input type="checkbox"/>
7) Exchange of hazard information between employers	<input type="checkbox"/>		<input type="checkbox"/>
8) Cleaning and cold work	<input type="checkbox"/>		<input type="checkbox"/>
9) Hot work	<input type="checkbox"/>		<input type="checkbox"/>
10) Maintenance of safe conditions – to include frequency of testing confined space	<input type="checkbox"/>		<input type="checkbox"/>
7. Electrical Safety	Yes	No	N/A
a. Does your operation include electrical system(s) operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written electrical safety program to ensure compliance with 29 CFR 1910.147, 1910 Subpart S, 1915 Subpart L, or 1926 subpart K as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Control procedures	<input type="checkbox"/>		<input type="checkbox"/>
3) Protective work clothing & equipment	<input type="checkbox"/>		<input type="checkbox"/>
4) Arc flash hazard	<input type="checkbox"/>		<input type="checkbox"/>
5) Lockout/Tagout (electrical sources)	<input type="checkbox"/>		<input type="checkbox"/>
8. Fall Protection	Yes	No	N/A
a. Does your operation include unprotected elevated work sites, five feet (5') (NNS			

Contractor Environmental, Health and Safety Evaluation Form

policy) or more above the floor, deck, or working surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written fall protection program to ensure compliance with 29 CFR 1910.23 (b) & (c), 1910.66(j), 1910.67(c), 1915.159, 1926.104, 1926.105, 1926.106, 1926.453(b)(2)(v), or 1926 Subpart M as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training (body harness and/or positioning devices) – Include specific training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Competent Persons (Requirements for Fall Protection Competent Persons.)	<input type="checkbox"/>		<input type="checkbox"/>
3) Criteria for installation of lifelines or anchorage points	<input type="checkbox"/>		<input type="checkbox"/>
4) Criteria for the use of a safety harness	<input type="checkbox"/>		<input type="checkbox"/>
5) Criteria for equipment pre-issue inspection	<input type="checkbox"/>		<input type="checkbox"/>
9. Hazard Communication	Yes	No	N/A
a. Does your company have a written hazard communication program to ensure compliance with 29 CFR 1910.1200, 1915.1200 or 1926.59 as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. MSDSs for all hazardous materials and the quantities used will be provided to Newport News Shipbuilding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) MSDS management:	<input type="checkbox"/>		<input type="checkbox"/>
a) Acquisition	<input type="checkbox"/>		<input type="checkbox"/>
b) Updates	<input type="checkbox"/>		<input type="checkbox"/>
c) Access for employees	<input type="checkbox"/>		<input type="checkbox"/>
d) Availability to other employers & employees	<input type="checkbox"/>		<input type="checkbox"/>
3) Labeling (original and secondary containers)	<input type="checkbox"/>		<input type="checkbox"/>
4) Non-routine tasks	<input type="checkbox"/>		<input type="checkbox"/>
d. Your written program needs to require all containers at Newport News Shipbuilding to be labeled, including those for immediate use. (Mandatory)			
10. Hearing Conservation	Yes	No	N/A
a. Does your operation include exposures to sound levels above 85 dBA TWA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written hearing conservation program to ensure compliance with 29 CFR 1910.95 or 1926.52 as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Equipment/noise controls (if applicable)	<input type="checkbox"/>		<input type="checkbox"/>
3) Periodic exposure monitoring and employee notification	<input type="checkbox"/>		<input type="checkbox"/>
4) Protection threshold (when hearing protection required)	<input type="checkbox"/>		<input type="checkbox"/>
5) PPE selection (types available)	<input type="checkbox"/>		<input type="checkbox"/>
6) Audiometric testing and employee notification	<input type="checkbox"/>		<input type="checkbox"/>
11. Ladder Safety	Yes	No	N/A
a. Does your operation include the use of ladders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written program to ensure compliance with 29 CFR 1910.25, 1910.26, 1910.27, 1915.72, or 1926.1053 as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Inspection criteria (prior to installation and use)	<input type="checkbox"/>		<input type="checkbox"/>
3) Installation/securing	<input type="checkbox"/>		<input type="checkbox"/>
4) Construction methods	<input type="checkbox"/>		<input type="checkbox"/>
12. Laser Safety	Yes	No	N/A
a. Does your operation include the use of laser equipment? (Levels, pointers, positioning equipment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written program to ensure compliance with ANSI Z136.1-1993?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			

Contractor Environmental, Health and Safety Evaluation Form

1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Hazard evaluation and classification	<input type="checkbox"/>		<input type="checkbox"/>
3) Control Measures	<input type="checkbox"/>		<input type="checkbox"/>
4) Medical surveillance (Class 4 lasers and laser systems)	<input type="checkbox"/>		<input type="checkbox"/>
5) Non-beam Hazards (Class 4 lasers and laser systems)	<input type="checkbox"/>		<input type="checkbox"/>
13. Lead	Yes	No	N/A
a. Does your operation include occupational exposure to lead above 30 µg/m ³ (TWA).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do your employees have proper accreditation or licensing as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does your written lead program ensure compliance with 29 CFR 1910.1025 or 1926.62 as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Worker/supervisor/etc. accreditation/licensing (if applicable)	<input type="checkbox"/>		<input type="checkbox"/>
3) Work plan development	<input type="checkbox"/>		<input type="checkbox"/>
4) Exposure monitoring and employee notification (initial & periodic)	<input type="checkbox"/>		<input type="checkbox"/>
5) Medical surveillance and employee notification	<input type="checkbox"/>		<input type="checkbox"/>
6) Protective work clothing and equipment	<input type="checkbox"/>		<input type="checkbox"/>
7) Ventilation requirements	<input type="checkbox"/>		<input type="checkbox"/>
8) Demarcation of regulated work areas	<input type="checkbox"/>		<input type="checkbox"/>
9) Respiratory protection program	<input type="checkbox"/>		<input type="checkbox"/>
10) Personal hygiene (procedures & facilities)	<input type="checkbox"/>		<input type="checkbox"/>
e. Lead work plans must be provided to Newport News Shipbuilding for evaluation and approval prior to the commencement of lead operations. (Mandatory)			
14. Lockout-Tagout (29 CFR 1910 General Industry)	Yes	No	N/A
a. Does your operation expose your employees to hazardous energy sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written non-shipboard hazardous energy control program to ensure compliance with 29 CFR 1910.147 or 1926.417 as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training (authorized and affected employees) – Include specific procedural training elements for authorized and affected employees.	<input type="checkbox"/>		<input type="checkbox"/>
2) Energy control procedure	<input type="checkbox"/>		<input type="checkbox"/>
3) Communication (affected employees)	<input type="checkbox"/>		<input type="checkbox"/>
4) Placement, removal, and transfer of locks &/or tags	<input type="checkbox"/>		<input type="checkbox"/>
5) Testing to ensure energy is controlled	<input type="checkbox"/>		<input type="checkbox"/>
6) Test or positioning equipment (jog mode)	<input type="checkbox"/>		<input type="checkbox"/>
7) Outside personnel (notification requirements)	<input type="checkbox"/>		<input type="checkbox"/>
8) Group control devices	<input type="checkbox"/>		<input type="checkbox"/>
9) Shift/personnel changes (removal of lock/tag by someone other than the individual who placed the device)	<input type="checkbox"/>		<input type="checkbox"/>
10) Type of control devices (locks/tags):	<input type="checkbox"/>		<input type="checkbox"/>
a) Specific type	<input type="checkbox"/>		<input type="checkbox"/>
b) Durable	<input type="checkbox"/>		<input type="checkbox"/>
c) Standardized	<input type="checkbox"/>		<input type="checkbox"/>
d) Identify the employee	<input type="checkbox"/>		<input type="checkbox"/>
11) Annual documented audit	<input type="checkbox"/>		<input type="checkbox"/>
12) Retraining requirements	<input type="checkbox"/>		<input type="checkbox"/>
15. Lockout-Tagout (29 CFR 1915 Maritime)	Yes	No	N/A
a. Does your operation expose your employees to maritime hazardous energy sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written shipboard hazardous energy control program to ensure compliance with 29 CFR 1915 Subpart J and other sections of 1915 as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Boilers	<input type="checkbox"/>		<input type="checkbox"/>
a) Boiler isolation controls	<input type="checkbox"/>		<input type="checkbox"/>
b) Warning signs	<input type="checkbox"/>		<input type="checkbox"/>

Contractor Environmental, Health and Safety Evaluation Form

3) Piping Systems	<input type="checkbox"/>		<input type="checkbox"/>
a) Piping isolation controls	<input type="checkbox"/>		<input type="checkbox"/>
b) Lockout/Tagout procedures	<input type="checkbox"/>		<input type="checkbox"/>
4) Propulsion System	<input type="checkbox"/>		<input type="checkbox"/>
a) Jacking gear engagement procedures & controls	<input type="checkbox"/>		<input type="checkbox"/>
b) Engine/propeller procedures & controls	<input type="checkbox"/>		<input type="checkbox"/>
c) Warning signs	<input type="checkbox"/>		<input type="checkbox"/>
5) Anchor system controls	<input type="checkbox"/>		<input type="checkbox"/>
d. Your program needs to be consistent with the Newport News Shipbuilding program as described in the Contractor Resource Manual.			
16. New Employee Orientation	Yes	No	N/A
a. Do you have a written program for new employee orientation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you maintain documentation of new employee orientation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Periodic Safety Meetings	Yes	No	N/A
a. Do you have a written program for periodic safety meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Will you include the Newport News Shipbuilding Health & Safety Bulletin publication in these meetings when performing work at Newport News Shipbuilding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Documentation of participation is required in these meetings.			
18. Personal Protective Equipment (PPE)	Yes	No	N/A
a. Do you have a written PPE program to ensure compliance with 29 CFR 1910 Subpart I, 1915 Subpart I, 1926 Subpart E or 1926.28 as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Hazard assessment	<input type="checkbox"/>		<input type="checkbox"/>
3) Defective and damaged equipment	<input type="checkbox"/>		<input type="checkbox"/>
4) Eye and face protection – List applicable ANSI Standard.	<input type="checkbox"/>		<input type="checkbox"/>
5) Respiratory equipment	<input type="checkbox"/>		<input type="checkbox"/>
6) Head protection – List applicable ANSI Standard.	<input type="checkbox"/>		<input type="checkbox"/>
7) Foot protection – List applicable ANSI Standard.	<input type="checkbox"/>		<input type="checkbox"/>
8) Hand and body protection	<input type="checkbox"/>		<input type="checkbox"/>
9) Lifesaving equipment (fall arrest equipment, positioning systems, floatation devices, etc.)	<input type="checkbox"/>		<input type="checkbox"/>
10) Electrical protective equipment	<input type="checkbox"/>		<input type="checkbox"/>
11) Appropriate dress for work areas, i.e. loose clothing, jewelry, etc.	<input type="checkbox"/>		<input type="checkbox"/>
12) Equipment care and maintenance	<input type="checkbox"/>		<input type="checkbox"/>
c. Have you completed job hazard assessments as required by 29 CFR 1910.132(d)(1) and/or 29 CFR 1915.152(b)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has proper PPE been selected for your employees based on those hazard assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Has PPE training been provided and documented as required by 29 CFR 1910.132(f)(1) & (2) and/or 29 CFR 1915.152(e)(1) & (2)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Powered Industrial Trucks (Forklifts/Mobil Equipment)	Yes	No	N/A
a. Our operations will include Powered Industrial Trucks (forklifts).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We have a written program to ensure compliance with 29 CFR 1910.178 or 29 CFR 1926 Subpart O as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Safe operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Truck-related topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Workplace-related topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Refresher training and evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Truck operations	<input type="checkbox"/>		<input type="checkbox"/>
8) Truck inspection – Include Operators Daily Checklist.	<input type="checkbox"/>		<input type="checkbox"/>
9) Fueling or battery handling, storage, and charging	<input type="checkbox"/>		<input type="checkbox"/>
10) Ambient lighting requirements	<input type="checkbox"/>		<input type="checkbox"/>

Contractor Environmental, Health and Safety Evaluation Form

11) Exhaust controls (if applicable)	<input type="checkbox"/>		<input type="checkbox"/>
12) Loading/unloading precautions (trailers, trucks, and railcars)	<input type="checkbox"/>		<input type="checkbox"/>
13) Modification approvals	<input type="checkbox"/>		<input type="checkbox"/>
14) Hazardous atmosphere/location operations (if applicable)	<input type="checkbox"/>		<input type="checkbox"/>
20. Powered Platforms & Vehicle-Mounted Work Platforms (JLG's & Scissors Lifts)	Yes	No	N/A
a. Does your operation include the use of powered platforms and/or vehicle-mounted work platforms (JLG's, scissors lifts, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written program to ensure compliance with 29 CFR 1910.67 or 1926.453 as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Daily testing of lift controls – Include Operators Daily Checklist.	<input type="checkbox"/>		<input type="checkbox"/>
3) Fall protection requirements	<input type="checkbox"/>		<input type="checkbox"/>
4) Operational requirements for overhead work, near electric power lines.	<input type="checkbox"/>		<input type="checkbox"/>
21. Respiratory Protection	Yes	No	N/A
a. Does your operation expose employees to areas where respirators are required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written respirator program to ensure compliance with 29 CFR 1910.134 or 1926.103 as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Medical evaluations – Include sample Medical Questionnaire.	<input type="checkbox"/>		<input type="checkbox"/>
3) Fit-testing – Include Fit-Testing procedures.	<input type="checkbox"/>		<input type="checkbox"/>
4) Recordkeeping – Include retention time of records.	<input type="checkbox"/>		<input type="checkbox"/>
5) Respirator selection (based on hazard assessment)	<input type="checkbox"/>		<input type="checkbox"/>
6) Respirator use	<input type="checkbox"/>		<input type="checkbox"/>
7) Respirator maintenance and care	<input type="checkbox"/>		<input type="checkbox"/>
8) Identification of filters, cartridges, and canisters	<input type="checkbox"/>		<input type="checkbox"/>
9) Breathing air quality and use (if applicable)	<input type="checkbox"/>		<input type="checkbox"/>
10) Annual Program evaluation	<input type="checkbox"/>		<input type="checkbox"/>
22. Rigging and Crane Safety	Yes	No	N/A
a. Does your operation include rigging and/or crane operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written program to ensure compliance with 29 CFR 1915 Subpart G, 1910 Subpart N or 1926 Subpart H & N as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training (rigger and crane operators) – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) Inspection criteria	<input type="checkbox"/>		<input type="checkbox"/>
a) Lifting gear	<input type="checkbox"/>		<input type="checkbox"/>
b) Crane (initial, frequency, periodic)	<input type="checkbox"/>		<input type="checkbox"/>
c) Running rope	<input type="checkbox"/>		<input type="checkbox"/>
3) Operating procedures	<input type="checkbox"/>		<input type="checkbox"/>
4) Operator daily checklist	<input type="checkbox"/>		<input type="checkbox"/>
5) Crane testing program/ equipment certification	<input type="checkbox"/>		<input type="checkbox"/>
6) Maintenance program	<input type="checkbox"/>		<input type="checkbox"/>
7) Equipment modification	<input type="checkbox"/>		<input type="checkbox"/>
8) Operator fire extinguisher training	<input type="checkbox"/>		<input type="checkbox"/>
23. Safety Program Documentation	Yes	No	N/A
a. Are all safety program documentations available for review by Newport News Shipbuilding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Self-Inspections	Yes	No	N/A
a. Do you have a written workplace inspection program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are inspections and corrective actions documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Staging/Scaffolding	Yes	No	N/A
a. Does your operation include Staging/Scaffolding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written program to ensure compliance with 29 CFR 1910.28, 1915.71, or 1926 Subpart L as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contractor Environmental, Health and Safety Evaluation Form

c. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
a) Erection and dismantling	<input type="checkbox"/>		<input type="checkbox"/>
b) Competent Persons	<input type="checkbox"/>		<input type="checkbox"/>
2) Design criteria	<input type="checkbox"/>		<input type="checkbox"/>
3) Inspection criteria	<input type="checkbox"/>		<input type="checkbox"/>
4) Safe working load criteria	<input type="checkbox"/>		<input type="checkbox"/>
5) Suspended scaffolds	<input type="checkbox"/>		<input type="checkbox"/>
6) Guardrail system & access criteria	<input type="checkbox"/>		<input type="checkbox"/>
26. Steel Erection	Yes	No	N/A
a. Does your operation include Steel Erection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written program to ensure compliance with 29 CFR 1926 Subpart R?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
a) Qualified person to train exposed workers in fall protection	<input type="checkbox"/>		<input type="checkbox"/>
b) Qualified person to train exposed workers engaged in special, high-risk activities	<input type="checkbox"/>		<input type="checkbox"/>
2) Specific Controlling Contractor Duties	<input type="checkbox"/>		<input type="checkbox"/>
a) Notify the steel erector in writing regarding concrete cure and anchor bolt changes	<input type="checkbox"/>		<input type="checkbox"/>
b) Provide adequate site layout areas and onsite access roads	<input type="checkbox"/>		<input type="checkbox"/>
c) Preclude work below steel erection unless there is overhead protection	<input type="checkbox"/>		<input type="checkbox"/>
d) Choose whether to accept responsibility for maintaining fall protection equipment left by erector (otherwise it must be removed)	<input type="checkbox"/>		<input type="checkbox"/>
3) Hoisting and Rigging	<input type="checkbox"/>		<input type="checkbox"/>
a) Minimizes employee exposure to overhead loads through pre-planning and work practice requirements	<input type="checkbox"/>		<input type="checkbox"/>
b) Prescribes proper procedures for multiple lifts (Christmas-treeing)	<input type="checkbox"/>		<input type="checkbox"/>
4) Column Anchorage	<input type="checkbox"/>		<input type="checkbox"/>
a) Minimum 4 anchor bolts per column	<input type="checkbox"/>		<input type="checkbox"/>
b) Written notification of proper curing of concrete in footings, piers, walls for steel columns	<input type="checkbox"/>		<input type="checkbox"/>
c) Written notification of adequacy of anchor bolts modified/repared in the field	<input type="checkbox"/>		<input type="checkbox"/>
5) Beams and Columns	<input type="checkbox"/>		<input type="checkbox"/>
a) Two bolts per connection before releasing hoisting line	<input type="checkbox"/>		<input type="checkbox"/>
b) Safe procedures for making double connections at columns	<input type="checkbox"/>		<input type="checkbox"/>
6) Open Web Steel Joists – Minimize the risk of collapse:	<input type="checkbox"/>		<input type="checkbox"/>
a) Specifying erection bridging and method of attachment	<input type="checkbox"/>		<input type="checkbox"/>
b) Requiring erection bridging to be anchored to terminus point	<input type="checkbox"/>		<input type="checkbox"/>
c) Specifying method of placing loads on steel joists	<input type="checkbox"/>		<input type="checkbox"/>
7) Specific work practices of hoisting deck bundles	<input type="checkbox"/>		<input type="checkbox"/>
8) Systems-Engineered Metal Buildings	<input type="checkbox"/>		<input type="checkbox"/>
a) Requirements to minimize the risk of collapse during erection	<input type="checkbox"/>		<input type="checkbox"/>
9) Provisions that address hazards of falling objects in steel erection	<input type="checkbox"/>		<input type="checkbox"/>
10) Minimizing Falls Hazards	<input type="checkbox"/>		<input type="checkbox"/>
a) Trips hazards	<input type="checkbox"/>		<input type="checkbox"/>
b) Interior holes/openings	<input type="checkbox"/>		<input type="checkbox"/>
c) Slip hazards	<input type="checkbox"/>		<input type="checkbox"/>
11) Fall Protection	<input type="checkbox"/>		<input type="checkbox"/>
<u>Above 30 feet/2 stories:</u> All workers must be protected, including connectors and deckers	<input type="checkbox"/>		<input type="checkbox"/>
<u>Between 15 and 30 feet/2 stories:</u> Workers must be protected EXCEPT: - Connectors - Deckers workings in controlled decking zone (CDZ)	<input type="checkbox"/>		<input type="checkbox"/>
<u>Connectors between 15 and 30 feet/2 stories:</u>	<input type="checkbox"/>		<input type="checkbox"/>

Contractor Environmental, Health and Safety Evaluation Form

- All equipment necessary to be capable of being used to be tied off (or safety nets) must be in place
- Not required to tie off
- Deckers between 15 and 30 feet/2 stories:
- Can use a controlled decking zone (CDZ) instead of fall protection

27. Trenching and Excavating	Yes	No	N/A
a. Does your operation include trenching and/or excavating activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written program to ensure compliance with 29 CFR 1926 Subpart P?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
a) General	<input type="checkbox"/>		<input type="checkbox"/>
b) Soil Classification	<input type="checkbox"/>		<input type="checkbox"/>
c) Competent Person	<input type="checkbox"/>		<input type="checkbox"/>
d) Employee protection systems (sloping/shoring/protection systems)	<input type="checkbox"/>		<input type="checkbox"/>
2) Soil Classification	<input type="checkbox"/>		<input type="checkbox"/>
3) Design & use of employee protection systems (sloping/shoring/protection systems)	<input type="checkbox"/>		<input type="checkbox"/>
4) Inspections	<input type="checkbox"/>		<input type="checkbox"/>
5) Hazard Assessments	<input type="checkbox"/>		<input type="checkbox"/>
a) Underground installations	<input type="checkbox"/>		<input type="checkbox"/>
b) Access and egress	<input type="checkbox"/>		<input type="checkbox"/>
c) Hazardous atmospheres	<input type="checkbox"/>		<input type="checkbox"/>
d) Water accumulation	<input type="checkbox"/>		<input type="checkbox"/>
e) Exposures to vehicular traffic & surface equipment	<input type="checkbox"/>		<input type="checkbox"/>
f) Stability of adjacent structures	<input type="checkbox"/>		<input type="checkbox"/>
g) Protection of employees from loose rock or soil	<input type="checkbox"/>		<input type="checkbox"/>
28. Welding, Burning and Cutting	Yes	No	N/A
a. Does your operation include welding, burning or cutting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written program to ensure compliance with 29 CFR 1915.14 and Subpart D, 1915 Subpart P, 1910 Subpart Q, or 1926 Subpart J as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			
1) Training – Include specific procedural training elements.	<input type="checkbox"/>		<input type="checkbox"/>
2) PPE (eye, face & skin protection)	<input type="checkbox"/>		<input type="checkbox"/>
3) Ventilation	<input type="checkbox"/>		<input type="checkbox"/>
4) Fire prevention (29 CFR 1915.502(b))	<input type="checkbox"/>		<input type="checkbox"/>
5) Inert gas uses (if applicable)	<input type="checkbox"/>		<input type="checkbox"/>
6) Procedures for residues and cargoes of metallic ores	<input type="checkbox"/>		<input type="checkbox"/>
7) Preservative coatings exposures (welding, cutting and heating)	<input type="checkbox"/>		<input type="checkbox"/>
8) Welding, cutting and heating on hollow metal containers & structures	<input type="checkbox"/>		<input type="checkbox"/>
29. Hexavalent Chromium	Yes	No	N/A
a. Does your operation include welding, cutting or burning on metal containing 2.5% chromium or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your operation involve disturbing painted surfaces by grinding, sanding, abrasive blasting or similar activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you have a written Hexavalent Chromium program to ensure compliance with 29CFR1915.1026?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your written program needs to contain the following elements: (NOTE: refer to the chapter for hexavalent chromium. There are many shipyard-specific rules regarding this material that your written plan should address.)	<input type="checkbox"/>		<input type="checkbox"/>

Contractor Environmental, Health and Safety Evaluation Form

1) Training	<input type="checkbox"/>		<input type="checkbox"/>
2) Exposure monitoring and employee notification (initial & periodic)	<input type="checkbox"/>		<input type="checkbox"/>
3) Medical surveillance and employee notification	<input type="checkbox"/>		<input type="checkbox"/>
4) Protective work clothing and equipment	<input type="checkbox"/>		<input type="checkbox"/>
5) Ventilation requirements	<input type="checkbox"/>		<input type="checkbox"/>
6) Demarcation of regulated work areas	<input type="checkbox"/>		<input type="checkbox"/>
7) Respiratory protection program	<input type="checkbox"/>		<input type="checkbox"/>
8) Personal hygiene (procedures & facilities)	<input type="checkbox"/>		<input type="checkbox"/>
30. Ionizing Radiation	Yes	No	N/A
a. Will your operation require you to bring radioactive material or radiation producing equipment into the shipyard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, please provide a copy of your radiation safety program and detailed description of the material or equipment.	<input type="checkbox"/>		<input type="checkbox"/>
F. Environmental Programs			
1. Hazardous Waste Management	Yes	No	N/A
a. Does your operation include the generation and management of waste(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you aware that no waste is to be taken off-site without prior approval from the Environmental Engineering section of EH&S?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are personnel generating and/or managing a hazardous waste accumulation area(s) trained to meet 40 CFR Part 264.34? This training shall include, but is not limited to the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Proper waste handling and container storage requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Proper container labeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Emergency response information and spill notification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Have the personnel that need the training as required by 40 CFR Part 262.34, referenced in the Waste Management Section of the Contractor EH&S Resource Manual been trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are records of said training available upon request?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pollution Prevention/Best Management Practices Program	Yes	No	N/A
a. Do you have a written program to ensure compliance with Best Management Practices associated with the Virginia Pollutant Discharge Elimination System (VPDES) permit issued to Newport News Shipbuilding by the Virginia Department of Environmental Quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your written program contain the following elements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Initial employee awareness training on the NNS BMPs that 1) are referenced in the Contractor EH&S Resource Manual (Part III, C.7, 8 & 9) and 2) are applicable to our scope of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Annual employee refresher awareness training on NNS BMPs that are 1) referenced in the Contractor EH&S Resource Manual (Part III, C.7, 8 & 9) and 2) are applicable to our scope of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Transfers of Petroleum Products or Other Liquid Hazardous Material Transfer Operations	Yes	No	N/A
a. Our operations will include the transfer of petroleum products (e.g., oils, lubricants, fuels, oily water) or other liquid hazardous materials either 1) from a vessel/platform to the shore 2) from a vessel to another vessel or barge or 3) in close proximity to the river's edge (e.g., on a pier or outfitting berth).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We have a written transfer program to ensure compliance with 33 CFR Part 126, 154, 155 & 156 as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Our written program contains the following elements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Operations Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Applicable Response Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Appropriate Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Our company does not have a formally written program covering the transfer of petroleum products or other liquid hazardous materials. Instead, we have developed a written program which includes the following elements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contractor Environmental, Health and Safety Evaluation Form

1) Initial employee training on the requirements referenced in the Contractor EH&S Resource Manual, (Part III, D) concerning transfer of petroleum products or other liquid hazardous materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Annual employee refresher training on the requirements referenced in the Contractor EH&S Resource Manual, (Part III, D) concerning transfer of petroleum products or other liquid hazardous materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Department of Transportation	Yes	No	N/A
a. Does your operations include shipping of hazardous materials from NNS? If yes, answer the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Do you have a DOT Hazmat Security Plan in place meeting the requirements of 49 CFR Part 172.800.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you submitted your DOT Hazmat Security Plan for evaluation and approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Air Program - Painting of Ships and Ship Parts	Yes	No	N/A
a. Does your operations include painting of ships or ship parts? (Section F.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written program in place to ensure that requirements listed in Section 2 of the Environmental Controls Manual and the Paint Tracking Requirements section of the Contractor EH&S Resource Manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to addresses all the following items:			
1) All paint to be used complies with the VOC content limits set in 40 CFR 63 Subpart II.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) No paints will be thinned unless a Thinning Waiver Request is submitted to and approved by our Contract Coordinator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) If we supply the paint, a copy of the manufacturer provided VOC Batch Certification will be forwarded to our Contract Coordinator prior to application of the paint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) All material transfer operations will be handled in a way that minimizes spills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) All containers of paint and solvent will be maintained in good condition, without damage that could allow liquid or vapor leaks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) All containers of paint and solvent will be closed unless material is being added to or removed from them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Every ounce of paint applied will be documented daily using a Paint Crew Usage Form. The Usage Form will include, at a minimum, the Paint Manufacturer, Product ID and color, Batch Number, VOC/Coating Category, VOC content, Gallons of paint used, Date applied, and type and amount of thinner used if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Painting of Non-shipbuilding, structures, etc.	Yes	No	N/A
a. Does your operations include painting of buildings, structures, etc. that are not considered ships or ship parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written program in place that contains the following elements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) All paint and solvent used will be documented monthly, at a minimum, and submitted to our Contract Coordinator. Usage records will include the paint manufacturer, product ID, VOC content, gallons used, and location of use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) All material transfer operations will be handled in a way that minimizes spills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) All containers of paint and solvent will be maintained in good condition, without damage that could allow liquid or vapor leaks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) All containers of paint and solvent will be closed unless material is being added to or removed from them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Abrasive Blasting	Yes	No	N/A
a. Does your operations include abrasive blasting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a written program in place to ensure that particulate matter does not become airborne?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your written program needs to contain the following elements:			

Contractor Environmental, Health and Safety Evaluation Form

1) Adequate containment tarps will be used to minimize particulate matter from becoming airborne during blasting operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Abrasive blast material transfer operations will be operated in a manner to prevent particulate matter from becoming airborne with the use of fabric filtration systems, when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) All containers of new and spent blast media will be covered to prevent particulate matter from becoming airborne, if needed due to wind speed conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contractor Environmental, Health and Safety Evaluation Form

Release to Include Your Company in an Approved Contractor List

Newport News Shipbuilding would like to list your company as approved to work at our Shipyard based on our review of your environmental, health and safety programs. This list will be made available to general contractors and others bidding on work at the shipyard. Your company's listing will include company name, type of work (based on your NAICS), and location. You are not required to be listed in order to work at the Shipyard. Please indicate your approval to be included on the list by checking the appropriate box below.

- Yes, please list us on a public list of approved contractors.
- No, do not list us on a public list of approved contractors.

Release to Disclose Approval Status to General Contractors

(This section applies only to contractors currently in the initial review process.)

Please indicate your willingness to allow us to share information regarding our review of your environmental, health and safety programs with appropriate general contractors in the Shipyard. This is to allow general contractors who may be interested in your ability to work at our Shipyard to mentor you during the review process. We will not share any written materials that you have provided to us. We will share, with your approval, the status of your review and general information regarding your progress in the review process. Please indicate your willingness to allow us to share this information by checking the appropriate block below.

- Yes, Newport News Shipbuilding is authorized to share information regarding our EH&S review process with appropriate general contractors.
- This authorization expires on _____ (optional date – no expiration if left blank).
- No, Newport News Shipbuilding is not authorized to share information regarding our EH&S review progress with any other company.

As an officer of this company, I have evaluated the information provided on this form, and hereby certify that it is accurate and complete. Furthermore, I realize that:

- This information is required by Newport News Shipbuilding for the purpose of appraisal of (potential) contractor's environmental, health and safety programs.
- This brief evaluation of contractor environmental, health and safety information is not exhaustive. Newport News Shipbuilding will not be responsible if a contractor's performance or programs are later found to be deficient, whether by OSHA, EPA, DEQ, Newport News Shipbuilding, or through accident or illness.

Signed _____

Printed _____

Title _____

Date _____

Phone _____

Email _____